

CITY OF BERE, OHIO
APPLICATION FOR EMPLOYMENT

THE CITY OF BERE IS AN EQUAL OPPORTUNITY EMPLOYER AND CONSIDERS ALL APPLICATIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, DISABILITY (WITH OR WITHOUT ACCOMMODATION) OR OTHER LEGALLY PROTECTED STATUS.

ALL APPLICATIONS FOR EMPLOYMENT ARE PUBLIC RECORDS IN ACCORDANCE WITH OHIO LAW.

DO YOU NEED ASSISTANCE OR AN ACCOMMODATION TO COMPLETE THIS APPLICATION? IF YES, PLEASE ASK TO BE REFERRED TO THE PERSONNEL ADMINISTRATOR.

PLEASE PRINT IN INK OR TYPE

Date of Application: _____

LAST NAME	FIRST NAME	COMPLETE ADDRESS	PHONE	EMAIL ADDRESS

Have you ever worked under another name? If yes, what was it and what was the reason for the change? _____

Position(s) Applied For: _____

List any license and/or certification you hold that is relevant to the position(s) you are applying for: _____

Are you on lay-off and subject to recall? ☐ YES ☐ NO

Referral Source: ☐ Walk In ☐ Social Media ☐ City Website ☐ Friend/Relative (List) _____ ☐ Other _____

GENERAL AVAILABILITY

LIST THE HOURS YOU WOULD IDEALLY BE AVAILABLE TO WORK DURING THE WEEK.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

EMPLOYMENT EXPERIENCE

Start with your present or last employer, listing all employment within the last 10 years. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex, national origin or disability.

If you need additional space, please attach a separate sheet or resume.

ARE YOU CURRENTLY EMPLOYED?

☐ YES ☐ NO

MAY WE CONTACT YOUR PRESENT EMPLOYER?

☐ YES ☐ NO

NAME/ADDRESS OF EMPLOYER	PERIOD OF EMPLOYMENT	COMPLETE THE FOLLOWING	REASON FOR LEAVING
COMPANY:	FROM:	POSITION:	
ADDRESS:	TO:	SUPV'R NAME:	
CITY/STATE:	PHONE:	SALARY:	

NAME/ADDRESS OF EMPLOYER	PERIOD OF EMPLOYMENT	COMPLETE THE FOLLOWING	REASON FOR LEAVING
COMPANY:	FROM:	POSITION:	
ADDRESS:	TO:	SUPV'R NAME:	
CITY/STATE:	PHONE:	SALARY:	

GENERAL INFORMATION

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS AND TASKS OF THE JOB(S) FOR WHICH YOU ARE APPLYING WITH OR WITHOUT ACCOMMODATION? ☐ YES ☐ NO

WILL YOU TAKE ALL WRITTEN, PHYSICAL, OR OTHER EXAMINATIONS REQUIRED BY LAW

FOR THE JOB(S) FOR WHICH YOU ARE APPLYING WITH OR WITHOUT ACCOMMODATION ☐ YES ☐ NO

CONSISTENT ATTENDANCE AND PUNCTUALITY ARE ESSENTIAL REQUIREMENTS OF EVERY JOB WITH THE CITY. IS THERE ANYTHING WHICH WOULD INTERFERE WITH YOUR REGULAR ATTENDANCE AND PUNCTUALITY IF YOU WERE OFFERED A POSITION?

☐ YES ☐ NO IF YES, EXPLAIN: _____

EDUCATION

HIGH SCHOOL GRADUATE: ☐ YES ☐ NO GED CERTIFICATE #, if applicable _____

LIST EDUCATIONAL EXPERIENCE *INCLUDING HIGH SCHOOL, TRADE SCHOOL, COLLEGE GRADUATE STUDIES*

NAME OF SCHOOL	ADDRESS OF SCHOOL	GRADE COMPLETED OR DEGREE	SUBJECTS STUDIED OR MAJOR

DESCRIBE ANY SPECIALIZED TRAINING, COURSES, SEMINARS, APPRENTICESHIPS, SKILLS, EXTRA-CURRICULAR ACTIVITIES AND/OR HONORS RECEIVED THAT ARE RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING:

DO YOU SPEAK A FOREIGN LANGUAGE: ☐ YES ☐ NO IF SO, WHAT LANGUAGE(S): _____

CIRCLE IF YOU ARE PROFICIENT IN ANY OF THE FOLLOWING:

MS Word	Computer programming	Referee	Coaching
MS Excel	Internet	Personal Training	Recreational Programming
MS PowerPoint	Shorthand	Sports Management	Other Transcription Skills

SPECIAL SKILLS AND QUALIFICATIONS: Summarize special skills and qualifications acquired from employment or other experience.

ARE YOU A VETERAN OF THE US MILITARY SERVICE? ☐ YES ☐ NO IF YES, LIST THE MILITARY BRANCH: _____

LIST ALL OF YOUR RESIDENCE ADDRESSES FOR THE PAST FIVE YEARS:

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? ☐ YES ☐ NO

(PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT)

IF EMPLOYED AND YOU ARE UNDER AGE 18, CAN YOU PROVIDE PROOF OF YOUR ELIGIBILITY TO WORK? ☐ YES ☐ NO

GIVE NAME, ADDRESS AND TELEPHONE NUMBER OF THREE REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS.

Name:	Name:	Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Relationship:	Relationship:	Relationship:
Years Known:	Years Known:	Years Known:

AGREEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, including a criminal and traffic background check. I authorize all individuals, schools and other entities named within to provide any information requested about me, and I release them from all liability for damage in providing this information.

I understand that if this application is not completed in its entirety, it will not be processed and I will be automatically disqualified.

I understand that this application is not, and is not intended to be, a contract of employment. I also understand that if I am hired into the unclassified civil service, my employment with the City of Berea is at-will and may be terminated by me or the City at any time without notice and without cause.

I also understand that, if hired, I am required to abide by all rules and regulations of the City of Berea. The City of Berea is a Drug-Free Workplace and I understand that drug testing may be required. I also understand that a pre-employment physical may be required to insure that I am capable of performing essential job functions. I understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act. I also understand that if I am required to operate a motor vehicle as a part of my job, I must have and maintain a valid operator's license, and authorize the City to periodically verify the status of such license.

APPLICANT SIGNATURE

Rev. 2/23

DATE